

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/710181	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2	/		/		/		52				
3	/		/		/		53				
4	/		/		/		54				
5	/		/		/		55				
6	/		/		/		56				
7	/		/		/		57				
8	/		/		/		58				
9	/		/		/		59				
10	/		/		/		60				
11	/		/		/		61				
12	/		/		/		62				
13	/		/		/		63				
14	/		/		/		64				
15	/		/		/		65				
16	/		/		/		66				
17	/		/		/		67				
18	/		/		/		68				
19	/		/		/		69				
20	/		/		/		70				
21	/		/		/		71				
22	/		/		/		72				
23	/		/		/		73				
24	/		/		/		74				
25	/		/		/		75				
26	/		/		/		76				
27	/		/		/		77				
28	/		/		/		78				
29	/		/		/		79				
30	/		/		/		80				
31	/		/		/		81				
32	/		/		/		82				
33	/		/		/		83				
34	/		/		/		84				
35	/		/		/		85				
36	/		/		/		86				
37	/		/		/		87				
38	/		/		/		88				
39	/		/		/		89				
40	/		/		/		90				
41	/		/		/		91				
42	/		/		/		92				
43	/		/		/		93				
44	/		/		/		94				
45	/		/		/		95				
46	/		/		/		96				
47	/		/		/		97				
48	/		/		/		98				
49	/		/		/		99				
50	/		/		/		100				
TOTAL IND.	3		5		6		TOTAL IND.				
TOTAL DEP.	17		29		33		TOTAL DEP.				
TOTAL CLAIMS	20		34		39		TOTAL CLAIMS				

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/710181	FILING DATE				
APPLICANT(S)												
CLAIMS												
	AS FILED C		AFTER D 1st AMENDMENT		AFTER E 2nd AMENDMENT			D		E		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/		/	
2		/					52		/		/	
3		/					53		/		/	
4		/					54		/		/	
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7		/					57		/		/	
8		/					58		/		/	
9		/					59	/		/		
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12		/					62		/		/	
13		/					63		/		/	
14		/					64		/		/	
15		/					65	/		/		
16		/					66		/		/	
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33		/					83		/		/	
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36	/						86					
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42				/		/	92					
43				/		/	93					
44				/		/	94					
45				/		/	95					
46				/		/	96					
47				/		/	97					
48				/		/	98					
49				/		/	99					
50				/		/	100					
TOTAL IND.	6						TOTAL IND.	6		6		
TOTAL DEP.	33						TOTAL DEP.	39		39		
TOTAL CLAIMS	39						TOTAL CLAIMS	45		45		

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)										SERIAL NO. 9/ 710181	FILING DATE
CLAIMS										APPLICANT(S)	
	AS FILED <i>F</i>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		<i>• Add F •</i>				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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